DOCUMENT RESUME

ED 426 124 UD 032 553

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TITLE	Adolescent Transitions: Risk-Taking and Health. Growing Up Well. Focus on Prevention.
INSTITUTION	California Center for Health Improvement, Sacramento.
SPONS AGENCY	California Wellness Foundation.
PUB DATE	1998-00-00
NOTE	10p.; For the entire 8-part series, see UD 032 549-556.
PUB TYPE	Reports - Descriptive (141)
EDRS PRICE	MF01/PC01 Plus Postage.
DESCRIPTORS	*Adolescents; Behavior Patterns; *Community Involvement; *Health Education; Mass Media Role; Policy Formation; Prevention; Program Development; *Public Opinion; Public Policy; *Risk; Secondary Education; Surveys; Tables (Data); Taxes; Urban Youth; *Youth Programs
IDENTIFIERS	*California

ABSTRACT

This report, fifth of eight in a series, highlights the views of California parents and other adults about issues affecting the health of adolescents, the role communities play in helping young people grow up well, and policies to address behaviors that undermine their health. Six in 10 parents surveyed by the California Center for Health Improvement said that they were very satisfied with their ability to guide their own child's behavior and talk to them about various issues, but only 44% said that they are satisfied with the amount of time they spent as a family. California parents identify distinct differences between the support they experienced as children and the support children experience today. They generally agree that programs outside the family, whether church or community sponsored, play a greater role today. Californians also believe that, in the area of youth attitudes about alcohol and drugs, smoking, sexual behavior, and violence, the media are having a negative effect. When California parents were asked about effective policies supporting adolescent health, more than 80% said that they wanted more information from health care providers about issues such as substance abuse, pregnancy prevention, and behavioral problems. They also want more prevention services, especially in the area of pregnancy prevention. More than 9 in 10 adults surveyed support efforts that promote a greater sense of responsibility among adolescents and young male adults. Californians also support coverage of alcohol and drug treatment by health insurance plans. Recommendations are made for the following policy changes: (1) providing opportunities for young people to play active and meaningful roles in their communities; (2) reinforcing and supporting parental efforts; (3) encouraging community members to play active and committed roles to support adolescent development; and (4) making preventive health care and alcohol and drug treatment a priority in health coverage. (Contains 6 tables and 11 references.) (SLD)

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Adolescent Transitions: Risk-Taking and Health.

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Pamela Jones
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UDO 32 553

Adolescent Transitions: Risk-Taking and Health

By Claire Brindis, Dr. P.H.

Introduction

Adolescence is one of life's most important transition periods, a time of accelerated growth and change as significant as the first three, formative years of a child's life. While the social and technological changes of recent decades have provided many young people with remarkable material benefits and opportunities to master technical skills, many others have not benefited. The pace of societal change has also introduced new stresses and risks into the adolescent experience. Increasingly, young people face health and safety risks at an alarmingly early age. Research indicates the peak ages for initiating smoking are between ages 11 and 15, between ages 12 and 14 for alcohol use and at about age 14 for marijuana use. About one-fourth of young people report having had sexual intercourse by age 15. Early initial experimentation is then followed by dramatic increases in smoking, alcohol, drug use and sexual activity during the high school years (1).

The California Center for Health Improvement's (CCHI) *Children and Youth Survey* asked California adults and parents about the health and well-being of children and young people. Recognizing the complexities and challenges of assuring a smooth transition for children from their early years into adolescence and young adulthood, a majority of Californians said they are concerned about several threats. Top among these threats is substance abuse among teens. Eighty-seven percent of Californians said they are very or somewhat worried about substance abuse among teens (table 1, page 2). Among adults surveyed, parents of all racial, ethnic and income groups expressed the highest levels of concern (2).

ABOUT THIS REPORT

Adolescence is a time of change and growth. It is a period of transition during which young people gain new awareness about the world and define their roles in their communities. This fifth of eight reports in the *Growing Up Well* series highlights the views of California parents and other adults about issues affecting the health of adolescents, the role communities play in helping young people grow up well, and policies to address behaviors which undermine their health.

These views reflect high levels of concern among *all* Californians about threats facing adolescents. Parents are particularly worried. However, there is consensus among researchers and healthcare and public health professionals that reducing risks to the health of young people is possible by use of a variety of prevention strategies.

Adolescent Health — Behavior is Key

Most adolescent health problems have their origins in environmental and behavioral factors. Three out of four deaths in the second decade of life are caused by social morbidities: unintentional injuries, homicides, and suicides (3). Moreover, adolescents often engage in more than one risk behavior. Risk behaviors, such as tobacco, alcohol, and drug use, also increase with age. Alcohol and tobacco use, for example, often occur before the use of marijuana, which in turn can lead to the use of other illicit substances, such as cocaine, heroin, other non-prescribed stimulants, sedatives and tranquilizers (1).

Reducing risks to the health of young people is possible. Unhealthy behaviors, such as sedentary lifestyles marked by a lack of exercise and activity, poor nutritional habits, substance use, unsafe sexual practices and risky vehicle use can all be addressed by prevention strategies. These strategies provide the opportunity to not only prevent the onset of health damaging behaviors and their short-term effects, but also to intervene with health-compromising behaviors which have the most negative effects in adulthood (1).

Family Environments Have Changed

As a result of high divorce rates and dramatic increases in single-parent families, slightly more than half of all American children will spend at least part of their childhood living with only one parent. Many will grow up in poverty. In many two-parent households, both parents hold down jobs out of economic necessity. Traditional social support systems built around the family and neighborhood have eroded and children now spend significantly less time in the company of adults than a few decades ago. More of their time is spent in front of the television set or with their peers in age-segregated, unsupervised environments. Such conditions affect families of all income

levels and backgrounds and are found in cities, suburbs and rural areas. However, these conditions are especially severe in areas of concentrated poverty where young adolescents are more likely to lack two crucial prerequisites for healthy growth and development: a close relationship with a dependable adult and the belief that real opportunities in mainstream society are available to them (4).

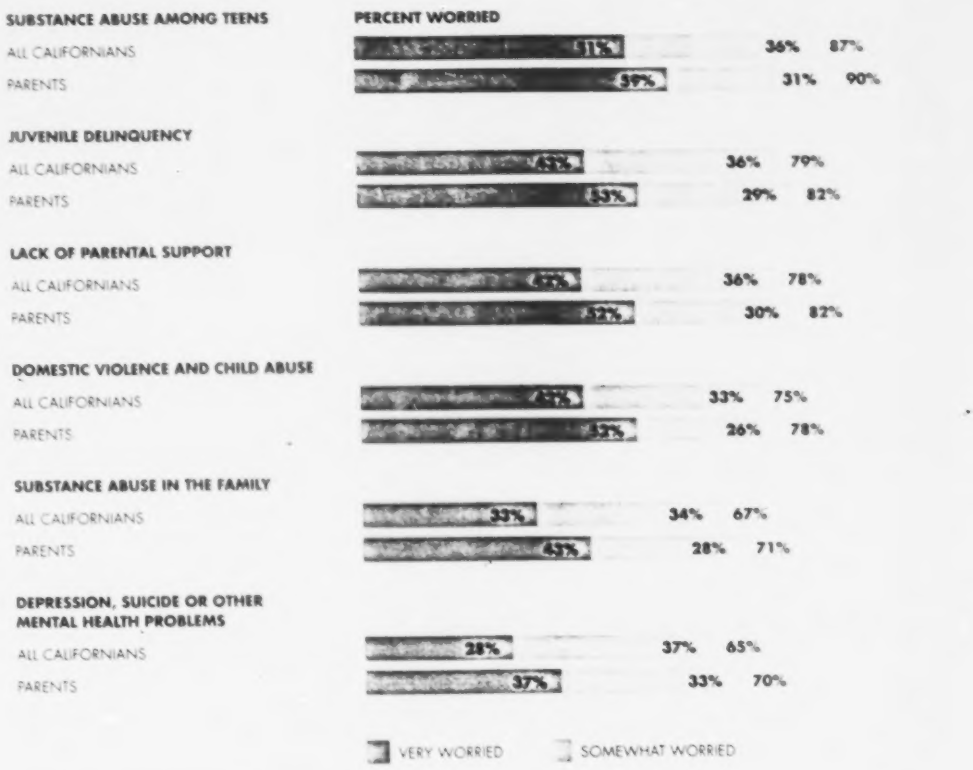
Although many young people are able to negotiate their way through the critical transition of adolescence with relative success, for many others real or perceived obstacles impair their physical and emotional development. To help young people maintain good health and develop to their fullest potential, there is increased interest in identifying and promoting *protective factors* that can reduce the likelihood of negative health and social outcomes. Research shows an adolescent's vulnerability to negative health outcomes is affected by both the nature and the number of stressors that he or she is exposed to, as well as the presence of protective factors that buffer the impact of those stressors (4). Protective factors associated with an adolescent's family environment have been categorized into four areas:

- Parent-child relationships, such as the connection of the relationship, the extent to which activities are shared and the degree to which the parent is physically present at important times during the day (waking, after school, dinner and bedtime);
- Norms and expectations for adolescent behavior, such as the level of school achievement expected or appropriate sexual behaviors;
- Parental modeling, such as avoiding tobacco and drug use; and
- Household environment, such as the extent to which alcohol and other drugs or weapons are not accessible (5).

TABLE 1

Majority of Californians Worried About Six Threats Facing Children — Parents Particularly Worried

Please tell me how worried you are about this threat to children and youth in regard to the children and youth who live in your community.



* Differences between percent worried and 100% represent percent "Not too" or "Not at all" worried or have no opinion.

Source: *Children and Youth Survey*, The Field Institute, October–November 1997.

Because of the many demands and pressures parents face, many confront limitations on the time they can devote to their families. While six in ten parents surveyed by CCHI's *Children and Youth Survey* said they are very satisfied with their own ability to guide their child's behavior and talk to them about various issues, only 44 percent said they are satisfied with the amount of time spent as a family (2). This response from California parents about their lack of time with their families is consistent with other research findings which have found parents are experiencing a time deficit, driven largely by job and career pressures. Compared to data from 1960, children in 1990 have lost, on average, 10–12 hours per week of

parental time (5). Time availability is an essential ingredient for guiding and monitoring the behavior of children, participating in joint parent-child activities and enabling the creation of a solid sense of family connection.

Community Support for Adolescent Development

The dramatic social and economic changes the American family has experienced in recent decades has resulted in many schools, social services, health and community-based organizations taking on greater responsibilities to support children and families. They have become a surrogate support system and their participation is essential. The role of communities is particularly important in light of the significant demographic changes which are taking place in California. By the year 2005, California will see a 34 percent increase in the number of adolescents ages 10–19 living in the state, from approximately 4.5 million in 1995 to 6 million. Nationally, the increase in this age group is projected to be 13 percent (6). As the state experiences growth in its adolescent population, health and educational systems, community-based organizations and employers will need to expand their partnership with families to protect and nurture our youth.

California parents identify distinct differences between the support that they experienced as children and the support children experience today. CCHI's *Children and Youth Survey* asked California parents to consider how involved different groups and individuals were in helping them grow up well compared to how involved these same groups and individuals are in helping children grow up today. Parents surveyed see significant changes. Notably, there is broad agreement that a number of groups and individuals, in addition to extended family and teachers, have taken on more prominent roles in helping children grow up well. Employers, community groups, coaches, sports and recreation instructors and churches all play a greater role today (table 2).

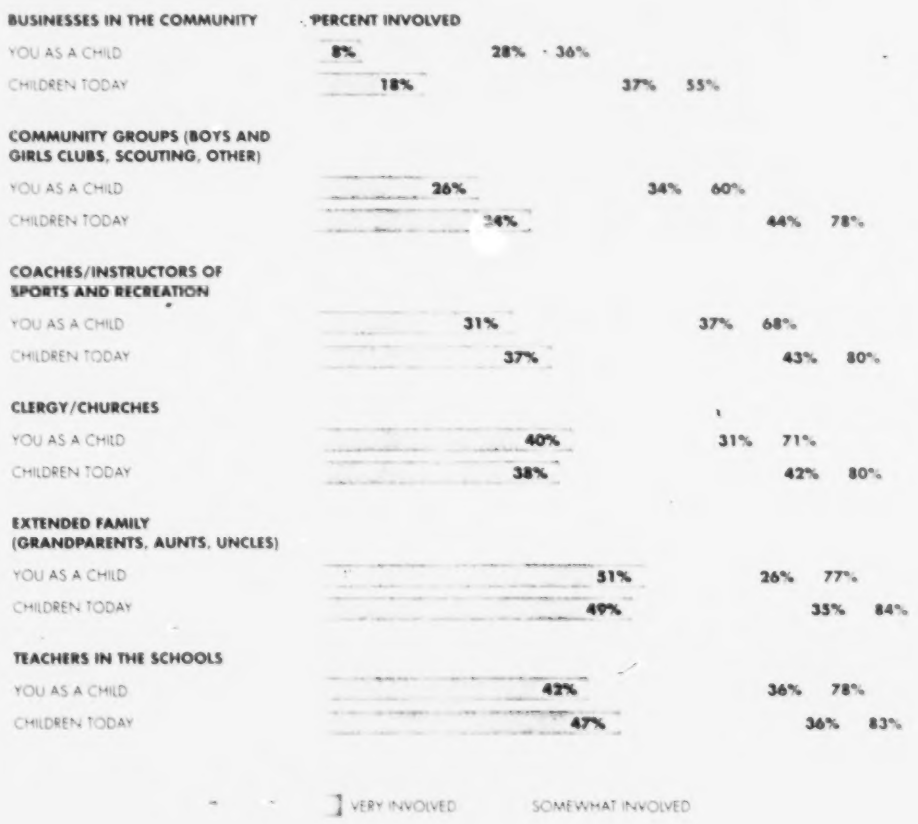
Examples of community-based programs to help young people are numerous. An example of one such effort to address the needs of adolescents is *Talking with Kids About Tough Issues*, a joint initiative of the Kaiser Family Foundation, Children Now and The Advertising Council, with local partnerships with Boys and Girls Clubs across the nation. The program outlines ways to help parents of young children start talking early about

TABLE 2

Assessment by Parents — Community Plays Key Role Today in Helping Children Grow Up Well

Thinking back to when you were a child, in addition to your parents, how involved were each of the following in helping you to grow up healthy and well?

Thinking about children today, how involved do you believe these same individuals and groups are in helping children grow up healthy and well?



Source: *Children and Youth Survey*, The Field Institute, October–November 1997.

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important issues including sex, AIDS, violence and alcohol and drug use. The campaign encourages parents to share their own values and, most importantly, create an atmosphere of open communication with their children on any issue. In California, Boys and Girls Clubs in Los Angeles, Sacramento and San Francisco have conducted town hall and parent meetings and have encouraged local newspapers, television and radio stations to support local efforts. Tips for parents include encouraging them to: start early in initiating conversations and create an open environment; listen to their children; be patient and honest; use television as a tool; and talk about important issues again and again. The focus is on working with parents, children and the larger community to stimulate better and more frequent discussions on these tough issues. (Single copies of *Talking with Kids About Tough Issues*, a booklet to help parents discuss sensitive topics with their children, are available free of charge. Call 1-800 CHILD-44.)

Media Influences and Young People

CCHI's *Children and Youth Survey* asked Californians to give their opinions about whether they feel the media, including TV programs, movies, popular music and advertising, is having a positive or negative effect on children and youth. In the areas of youth attitudes about alcohol and drugs, smoking, sexual behavior and violence, a majority of Californians believe the media is having a negative effect. Opinions are more divided about the media's impact on youth attitudes about responsible behavior, diet, exercise and physical attractiveness (table 3).

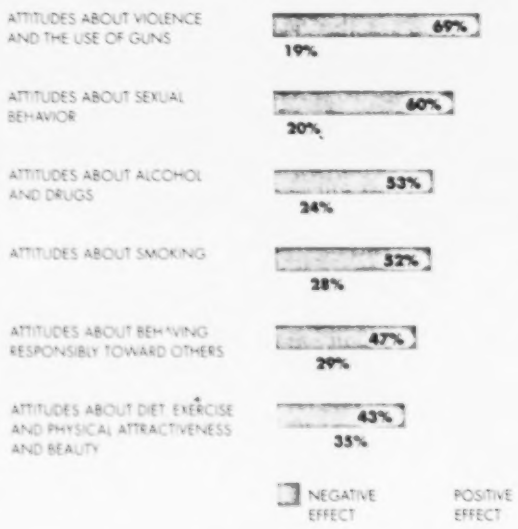
In attempting to guide the development of their children, parents must take into consideration the effect of the external environment. For example, advertising by alcohol and tobacco companies often relies upon images and themes which are attractive to young people and promote the connection between attractiveness and the use of these products. At the same time, movies, TV and music also reinforce the message of independence and "adulthood" associated with the use of these substances by, for example, showing key characters smoking as part of their character development. Media messages are perceived by many to create additional pressures on adolescents to adopt risk behaviors that are often at odds with the behaviors and attitudes their parents are attempting to instill.

Additionally, the media plays an influential role in shaping public attitudes about young people themselves. The public is regularly exposed to negative media images of young people, particularly in the context of youth violence and crime. Newspaper headlines often portray youth as "walking time bombs" and as the major cause of crime, although crime statistics clearly document that the majority of crime is committed by adult males (7). While it is relatively easy to blame teenagers for a variety of societal issues, it is rarely acknowledged that adolescents mirror the adult world in many respects and are themselves often victimized. Moreover, limited success has been achieved in reaching many young people early enough to head off more serious problems. Failing to address the needs of young people at the earliest time is costly both in terms of the physical, psychological and emotional well-being of youth and for society as a whole.

TABLE 3

Public Generally Negative About the Effect TV, Movies, Music and Ads Are Having on Young People

Do you think TV programs, movies, popular music and advertising are having a very positive, somewhat positive, mixed, somewhat negative or very negative effect on youth in this area...?



* Differences between percent "Positive" or "Negative" and 100% are those who feel the effect is "mixed" or "don't know."

Source: *Children and Youth Survey*, The Field Institute, October–November 1997.

Prevention and Treatment Interventions

CCHI's *Children and Youth Survey* asked California parents to provide their opinions about what would be effective policies supporting adolescent health in three areas: guidance from healthcare providers, teen pregnancy prevention and substance abuse treatment.

Preventive Services in Healthcare Coverage

While most parents surveyed report that they feel they do a good job in guiding and supervising their children, many also want more information about how to address issues they confront in raising their children today. More than 80 percent of parents surveyed said they want more information from healthcare providers about such issues as substance abuse, pregnancy prevention and behavioral problems (table 4).

Nearly three-quarters of adolescents, 72 percent, see a physician at least once a year. However, these visits usually last less than 15 minutes, rarely address prevention measures in a comprehensive manner or screen adolescents for health risk behaviors and rarely provide opportunities for parents to receive the additional guidance they need (1). These brief visits represent missed opportunities to focus on emotional and behavioral health risks, underscoring the need to educate healthcare providers to furnish and/or emphasize the importance of preventive services.

Clinical preventive services guidelines for children and adolescents have been developed by the federal Maternal and Child Health Bureau, the American Medical Association, the U.S. Preventive Services Task Force and the American Academy of Pediatrics. These sets of guidelines offer comparable recommendations for preventive services for children and adolescents. Yet, reimbursement for full implementation of these guidelines by health insurance plans is required before preventive services will be widely adopted by healthcare providers. It is imperative that health consumers, insurance purchasers and healthcare providers all recognize that the initial time investment required for preventive services be seen as a benefit that not only can pay off for insurance beneficiaries, but for the population as a whole. Parallel to immunizations, up-front prevention investments can reduce not only medical, but education, social and justice system costs as well (4).

Adolescent Pregnancy Prevention

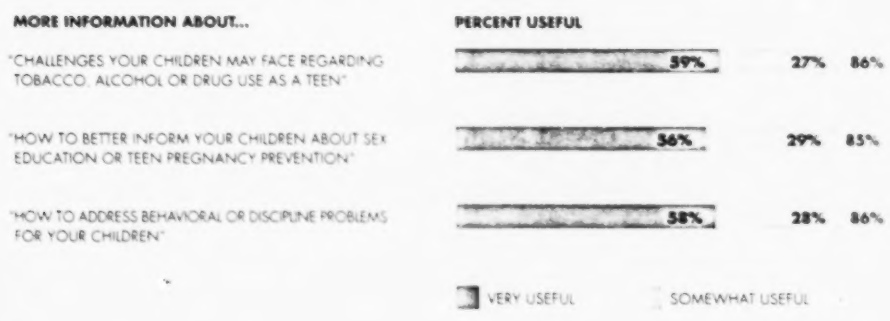
In California a number of multi-faceted strategies to prevent adolescent pregnancy have been employed by public and private groups. The State of California's latest and most comprehensive effort is the Partnership for Responsible Parenthood Initiative, which includes:

- A strong focus on the role of adolescent and young adult males in preventing adolescent pregnancy and being responsible for and actively engaged with the children they do father;
- A mentoring program aimed at recruiting 250,000 adult volunteer mentors by the year 2000;
- A statewide media campaign to reinforce messages about preventing teen and unwed pregnancies, promoting abstinence and male responsibility;
- Community-driven prevention efforts in 112 communities working in partnership with almost 700 schools, community agencies, health departments and others; and

TABLE 4

Parents Want More Information To Help Them Keep Their Children Well

Please tell me how useful you feel more of this type of information from your healthcare provider would be to you.



Source: *Children and Youth Survey*, The Field Institute, October–November 1997.

Empowering Teens to Prevent Pregnancy

Teen pregnancy is a gateway to poverty and a serious issue facing the community, say members of the North Sacramento Del Paso Heights Community Health Alliance, which includes representatives from the local school districts, Health For All, the city and county, Ministers Against Drugs and Violence, and community residents, including many young people.

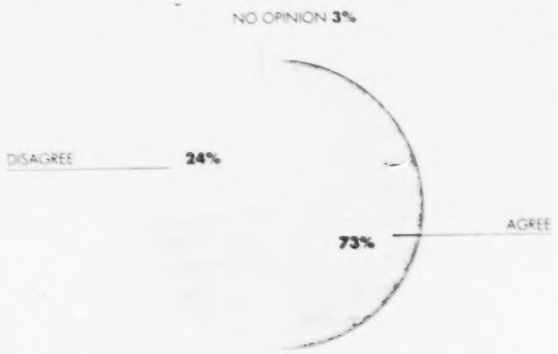
One of the strategies the Alliance has initiated to prevent teen pregnancy is the *Teen Parent Talk Show*, through which pregnant and parenting teens take the message about what it's like to be a teen parent directly to other students. Developed and presented by teen members of the Alliance, the show targets sixth through twelfth graders. Pregnant and parenting teens share their experiences with these students — what it's like to be pregnant, the birth of their children, the role their parents play as caregivers, and the challenges they face as teen parents. Students have further discussions with presenters in smaller groups and have the opportunity to obtain additional information and referral to supportive services.

The *Teen Parent Talk Show* is just one of the Alliance's programs to empower young people in the North Sacramento Del Paso Heights community. The Alliance is funded by The California Wellness Foundation as a part of its Health Improvement Initiative. For more information, call 916 925.1521.

TABLE 5

Seven in Ten Adults Support Parity For Substance Abuse Treatment Coverage in Health Insurance

Substance abuse treatment should be covered by health insurance plans in the same way as diseases such as diabetes, asthma and other chronic physical diseases are covered.



Source: *Children and Youth Survey*, The Field Institute, October–November 1997.

- The prosecution of adult males who have sexual relations with underage teenagers.

CCHI's *Children and Youth Survey* asked California adults about their views concerning various aspects of California's adolescent pregnancy prevention strategy. More than nine in ten support efforts that promote a greater sense of responsibility among adolescent and young male adults (table 6). Male responsibility is a particularly important issue. Only 35 percent of the males who father babies born to teen mothers in California are between the ages of 13 and 19. Nearly half, 47 percent, are 20 to 24 years old; 13 percent are between the ages of 25 and 29; and 4 percent are 30 years or older (8). Nearly 90 percent of Californians surveyed also believe that adolescents need help in making more informed personal decisions about sexuality. Further, more than two-thirds believe that contraceptives should be more readily available to teens, while half of those surveyed believe that sex education in the schools should be limited to an abstinence-only curriculum (table 6).

Public and private investments in teen pregnancy prevention programs have contributed to a significant 11 percent reduction in the incidence of adolescent births to 58.6 per 1,000 teenagers ages 15–19 from 1995 to 1996 (the most recent year data are available) (8). These prevention efforts are needed because California continues to lead the nation as the state with the greatest number of births to adolescents. In addition, they offer an important model for addressing the health risk-taking behaviors of adolescents in other areas. Many of the programs being implemented through the Initiative incorporate successful strategies from the field of pregnancy prevention which are also effective in reducing substance abuse. These strategies include:

- Clear messages which continually reinforce appropriate behaviors, with supporting facts, activities, values and skills;
- Behavioral goals, teaching methods and materials appropriate to age, experience and ethnic culture;
- Theoretical approaches that have been demonstrated to work;
- Adequate length of time for program to complete activities; and
- A variety of teaching methods which involve participants who can personalize the information and then address social pressures (9).

These strategies assure that young people have a portfolio of practical skills that enable them to successfully negotiate difficult social situations where they experience peer pressure.

Substance Abuse

Almost a third of all Americans between the ages of 15 and 54 experience one or more addictive or mental health disorders in any year. Almost half will experience one or more episodes during their lifetime (10). The State of California estimates that approximately 260,000 California young people between the ages of 12 and 18 have a need for alcohol or drug treatment (11).

To address the alcohol and drug treatment needs of young people and adults, policy-makers must consider the roles private health insurance and government-funded programs should play. Currently, there is no mandate upon health insurers to provide alcohol and other drug treatment at levels consistent with the provision of physical health benefits. However, the federal government is considering such a mandate with the Substance Abuse Treatment Parity Act, as presented in HR 2409 and S 1147. This Act would require insurers which offer alcohol and drug treatment to provide coverage in a manner comparable to coverage for other physical health conditions. CCHI's *Children and Youth Survey* asked California adults whether or not substance abuse treatment should be covered by health insurance plans in the same way as diseases such as diabetes, asthma and other chronic physical diseases are covered. Nearly three-quarters of Californians, 73 percent, and 80 percent of parents surveyed said alcohol and drug treatment benefits should be covered in this manner (table 5).

Should health insurance plans be required to cover alcohol and drug treatment in the same manner as physical health benefits are covered, the cost of the mandate would be distributed to the purchasers of health insurance, such as employers and individuals. A recent analysis by the federal Substance Abuse and Mental Health Services Administration indicates this cost

would be minimal. According to the analysis, providing alcohol and drug treatment services in a manner comparable to coverage of other physical conditions would increase the cost of private insurance premiums by an estimated 0.2 percent annually (10).

To the extent private health insurers are permitted to impose limits on outpatient and inpatient alcohol and drug treatment benefits, publicly funded government programs will continue to be called upon to play a primary role in providing treatment to young people. Yet, public funding for treatment services has historically been limited. For example, of the 260,000 young people estimated to need substance abuse treatment services in California, public programs place their primary emphasis on youths who are considered likely to seek treatment — approximately 15 percent of the larger group — or 39,000. Yet, of this number current funding provides access to services for only 11,000 youths (11). While 2,500 young people are expected to utilize alcohol and drug treatment services under the state's new Healthy Families Program, this coverage, like that of most others in the private sector, has benefit limits.

Recognizing the limits of current public funding and private health insurance coverage for alcohol and drug treatment services, California policy-makers need to develop a comprehensive plan which clearly defines the roles publicly funded services and healthcare coverage are to play. As a part of this plan, policy-makers need to address the needs of all young people who need alcohol and drug treatment services, not solely those considered likely to seek voluntary treatment.

Recommendations

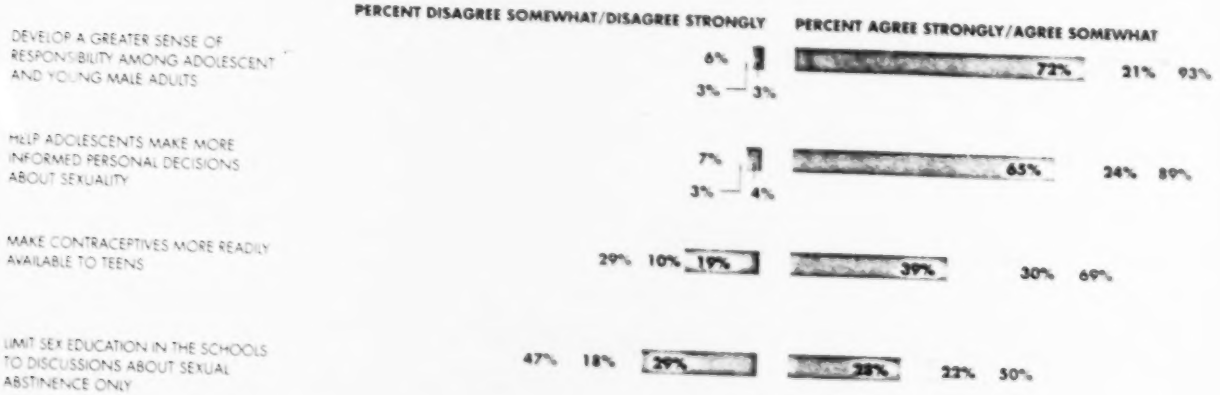
Helping children achieve a successful transition through adolescence requires an active partnership among parents and their families, communities and policy-makers in government and the private sector. Programs supporting adolescents in the areas of pregnancy prevention, substance abuse prevention and treatment, tobacco use prevention and after-school education and recreation, in combination with the personal involvement of individuals in the community, provide a nurturing environment for healthy adolescent development. Promoting community partnerships to support California's adolescents requires commitment to the following actions:

Young people are provided opportunities to play active and meaningful roles in their communities. Children of all ages, and adolescents and teens in particular, need opportunities to participate in shaping their environments and making personal investments in their communities. Private and public organizations can enlist the help of young people and other community members, families, schools and employers to offer more activities that engage young people in community service and other constructive activities and provide career information and experiences.

TABLE 6

Two in Three Californians Support Three Teen Pregnancy Prevention Strategies

Please tell me whether you agree or disagree with various proposals that have been made about sex education and ways to reduce teen pregnancy in California.



* Differences between percent agree or disagree and 100% is percent who "don't know."

Source: *Children and Youth Survey*, The Field Institute, October–November 1997.

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The critical role parents play in raising their children is reinforced and supported. Public and private employers can establish family-friendly policies for parents with adolescents, such as flexible work hours, that enable parents to spend more time with their children or to volunteer in school or youth programs. Schools and community organizations can help parents deal more effectively with their adolescent children by offering parent support groups, parent education programs and education for prospective parents.

Community members play active and committed roles to support positive development of adolescents. Public officials, schools and business and community leaders can make it a high priority to provide more safe and attractive growth-promoting settings for adolescents during out-of-school hours. Policies can support the integration of programs for children and youth so that prevention and intervention efforts work toward common purposes and utilize proven approaches to help adolescents develop into mature adults. Together, parents, schools and community groups can help young people become more media-aware so they can discriminate more critically about what they see on TV and at the movies, or hear in popular music.

Preventive healthcare services and alcohol and drug treatment are made a priority in health coverage provided to children and adolescents. Studies indicate the cost of providing these services is minimal while the long-term benefit in quality of life for young people and savings to the healthcare system and society are considerable.

Many communities have already begun efforts to promote a healthy start for newborns or develop a broad-based planning effort on behalf of children. Similarly, a strategic planning process which focuses on the health of adolescents should be undertaken in each community to develop a broad commitment to meeting the developmental needs of young people. Community institutions and organizations, schools, business, parents and, importantly, adolescents themselves are all partners in the process and have equally important leadership roles to play.

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The National Adolescent Health Information Center is funded by the federal Maternal and Child Health Bureau to analyze and disseminate information on the health of adolescents.

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This publication is funded by a grant to CCHI from The California Wellness Foundation as part of its Health Improvement Initiative.